FILE 'CAPLUS' ENTERED AT 17:57:22 ON 17 AUG 2001

=> d ti l1 tot

L1 ANSWER 1 OF 22 CAPLUS COPYRIGHT 2001 ACS
TI Preparation of cyclic carbamates and amide derivatives useful in contraceptive compositions

L1 ANSWER 2 OF 22 CAPLUS COPYRIGHT 2001 ACS
TI Preparation of benzimidazolones and analogues useful in contraceptive compositions antagonists

L1 ANSWER 3 OF 22 CAPLUS COPYRIGHT 2001 ACS
TI Preparation of oxospiro[cycloalkane-1,3'-indoline] derivatives and analogs as progesterone receptor antagonists

L1 ANSWER 4 OF 22 CAPLUS COPYRIGHT 2001 ACS
TI Preparation of 3,3-substituted indolines useful in contraceptive compositions

L1 ANSWER 5 OF 22 CAPLUS COPYRIGHT 2001 ACS
TI Preparation of quinazolinones and benzoxazines useful in contraceptive compositions

L1 ANSWER 6 OF 22 CAPLUS COPYRIGHT 2001 ACS
TI Contraceptive compositions containing antiprogestinic and progestinic dihydro-2H-3,1-benzoxazin-2-ones

L1 ANSWER 7 OF 22 CAPLUS COPYRIGHT 2001 ACS
TI Contraceptive compositions containing 2,1-benzisothiazoline 2,2-dioxides and progestationals

L1 ANSWER 8 OF 22 CAPLUS COPYRIGHT 2001 ACS
TI Cyclic regimens using cyclic urea and cyclic amide derivatives

L1 ANSWER 9 OF 22 CAPLUS COPYRIGHT 2001 ACS
TI The effects of a low-dose monophasic preparation of levonorgestrel and ethinyl estradiol on coagulation and other hemostatic factors

L1 ANSWER 10 OF 22 CAPLUS COPYRIGHT 2001 ACS
TI Cycle control with oral contraceptives containing 20 .mu.g of ethinyl estradiol. A multicenter, randomized comparison of levonorgestrel/ethinyl estradiol (100 .mu.g/20 .mu.g) and norethindrone/ethinyl estradiol (1000 .mu.g/20 .mu.g)

L1 ANSWER 11 OF 22 CAPLUS COPYRIGHT 2001 ACS
TI Effect of vitamin B6 on the side effects of a low-dose combined oral contraceptive

L1 ANSWER 12 OF 22 CAPLUS COPYRIGHT 2001 ACS
TI Antiprogestin cyclophasic hormonal regimen

L1 ANSWER 13 OF 22 CAPLUS COPYRIGHT 2001 ACS
TI Exclusion of the Wilms tumor gene (WT1) promoter as a site of frequent mutation in Wilms tumor

L1 ANSWER 14 OF 22 CAPLUS COPYRIGHT 2001 ACS
TI Expression of WT1 protein in fetal kidneys and Wilms tumors

L1 ANSWER 15 OF 22 CAPLUS COPYRIGHT 2001 ACS
TI Cloning of novel Wilms tumor gene (WT1) cDNAs; evidence for antisense transcription of WT1

L1 ANSWER 16 OF 22 CAPLUS COPYRIGHT 2001 ACS
TI Screened hydrogenic radial integrals

L1 ANSWER 17 OF 22 CAPLUS COPYRIGHT 2001 ACS
TI Recovery of hydrocarbons from tar sands by distillation from a fluidized bed

L1 ANSWER 18 OF 22 CAPLUS COPYRIGHT 2001 ACS
TI Sulfuric acid concentration

L1 ANSWER 19 OF 22 CAPLUS COPYRIGHT 2001 ACS
TI Acetylene purification

L1 ANSWER 20 OF 22 CAPLUS COPYRIGHT 2001 ACS
TI Acetylene purification

L1 ANSWER 21 OF 22 CAPLUS COPYRIGHT 2001 ACS
TI Fluorescence microscopy in exfoliative cytology

L1 ANSWER 22 OF 22 CAPLUS COPYRIGHT 2001 ACS
TI Newest acetylene process-SBA-Kellogg

=> d ibib abs l1 9-12

L1 ANSWER 9 OF 22 CAPLUS COPYRIGHT 2001 ACS
ACCESSION NUMBER: 1999:802155 CAPLUS
DOCUMENT NUMBER: 132:132488
TITLE: The effects of a low-dose monophasic preparation of levonorgestrel and ethinyl estradiol on coagulation and other hemostatic factors
AUTHOR(S): Archer, David F.; Mammen, Eberhard F.; **Grubb, Gary S.**
CORPORATE SOURCE: Jones Institute for Reproductive Medicine, Eastern Virginia Medical School, Norfolk, VA, 23507-1627, USA
SOURCE: Am. J. Obstet. Gynecol. (1999), 181(5, Pt. 2), S63-S66
CODEN: AJOGAH; ISSN: 0002-9378
PUBLISHER: Mosby, Inc.
DOCUMENT TYPE: Journal
LANGUAGE: English
AB This study was undertaken to evaluate the effects on hemostatic factors of a low-dose prepn. of levonorgestrel and ethinyl estradiol in a 12-cycle study. Thirty healthy women began taking 100 .mu.g levonorgestrel and 20 .mu.g ethinyl estradiol (Nordette) on the first day of the menstrual cycle, continued to take the prepn. for the next 21 days, and then took placebo for 7 days. Mean changes in prothrombin time, partial thromboplastin time, and levels of factors VII and X, antithrombin, plasminogen, fibrinogen, protein S, thrombin-antithrombin complexes, and D-dimer were analyzed at baseline and at cycles 3, 6, and 12 with paired Student t tests. Factor X, plasminogen antigen and activity, and D-dimer levels were significantly increased during all 3 cycle periods. Antithrombin antigen and protein S total antigen levels were significantly decreased at cycles 3, 6, and 12, whereas factor VII and protein S

activity levels were significantly decreased at cycle 3 and at cycles 3 and 6, resp. The effects on hemostatic factors in healthy women of a monophasic prepn. of 100 .mu.g levonorgestrel and 20 .mu.g ethinyl estradiol were similar to those of other low-dose oral contraceptives.

REFERENCE COUNT: 17

REFERENCE(S):
(1) Basdevant, A; Contraception 1993, V48, P193 CAPLUS
(2) Castillo, J; Thromb Res 1989, V55, P213 CAPLUS
(7) Melis, G; Contraception 1991, V43, P23 CAPLUS
(8) Norris, L; Br J Obstet Gynaecol 1996, V103, P261 CAPLUS
(10) Sabra, A; J Reprod Med 1983, V28, P85 CAPLUS
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L1 ANSWER 10 OF 22 CAPLUS COPYRIGHT 2001 ACS

ACCESSION NUMBER: 1999:410249 CAPLUS

DOCUMENT NUMBER: 131:209303

TITLE: Cycle control with oral contraceptives containing 20 .mu.g of ethinyl estradiol. A multicenter, randomized comparison of levonorgestrel/ethinyl estradiol (100 .mu.g/20 .mu.g) and norethindrone/ethinyl estradiol (1000 .mu.g/20 .mu.g)

AUTHOR(S): DelConte, Anthony; Loffer, Frank; **Grubb, Gary S.**

CORPORATE SOURCE: Wyeth-Ayerst Research Laboratories, Radnor, PA, 19087, USA

SOURCE: Contraception (1999), 59(3), 187-193
CODEN: CCPTAY; ISSN: 0010-7824

PUBLISHER: Elsevier Science Inc.

DOCUMENT TYPE: Journal

LANGUAGE: English

AB A randomized, open-label, multicenter study was undertaken to compare the effects of oral contraceptives (OC) contg. 100 .mu.g levonorgestrel (LNG)/20 .mu.g ethinyl estradiol (EE) (Aless/Loette) and 1000 .mu.g norethindrone acetate (NETA)/20 .mu.g EE (Loestrin Fe 1/20) on menstrual cycle control over four cycles of use. A total of 84 evaluable women provided 274 cycles of exposure in the LNG/EE group, and 89 women provided 289 cycles of exposure in the NETA/EE group. Overall, the LNG/EE group achieved a consistently higher percentage of normal menstrual cycles as well as a lower rate of intermenstrual bleeding and amenorrhea than the NETA/EE group. In cycle 4, 63.8% of cycles were normal in the LNG/EE group compared with 41.9% in the NETA/EE group ($p < 0.005$). Of the total cycles in the NETA/EE group, 10% were amenorrheic, compared with 1.1% in the LNG/EE group. The occurrence of bleeding and/or spotting was significantly lower in cycles 2 and 3 in the LNG/EE group (41.7% and 34.8%, resp.) compared with the NETA/EE group (62.3% and 56.3%; $p < 0.05$). Other cycle variables were generally similar between groups, as was the incidence of adverse events. These results demonstrate that good cycle control was achieved with an OC contg. 20 .mu.g EE and that 100 .mu.g LNG/20 .mu.g EE produces better cycle control than 1000 .mu.g NETA/20 .mu.g EE.

REFERENCE COUNT: 16

REFERENCE(S):
(1) Appel, T; Contraceptives 1987, V35, P523 CAPLUS
(2) Archer, D; Contraception 1997, V55, P139 CAPLUS
(3) Back, D; Clin Pharmacol Ther 1978, V24, P448 CAPLUS
(4) Back, D; Contraception 1981, V23, P229 CAPLUS
(5) Bannemerschult, R; Contraception 1997, V56, P285 CAPLUS

ALL CITATIONS AVAILABLE IN THE RE FORMAT

L1 ANSWER 11 OF 22 CAPLUS COPYRIGHT 2001 ACS
ACCESSION NUMBER: 1997:390203 CAPLUS
DOCUMENT NUMBER: 127:76169
TITLE: Effect of vitamin B6 on the side effects of a low-dose combined oral contraceptive
AUTHOR(S): Villegas-Salas, Elsa; Ponce de Leon, Rebeca; Juarez-Perez, Miguel Angel; **Grubb, Gary S.**
CORPORATE SOURCE: Servicio Planificacion Familiar, Hospital General Zacatecas, Zacatecas, Mex.
SOURCE: Contraception (1997), 55(4), 245-248
CODEN: CCPTAY; ISSN: 0010-7824
PUBLISHER: Elsevier
DOCUMENT TYPE: Journal
LANGUAGE: English
AB Analogous to recommendations for treatment of side effects of early pregnancy and premenstrual syndrome, use of vitamin B6 has been recommended for the treatment of side effects of oral contraceptive (OC) use. A randomized, triple-blinded controlled trial of 124 women was done to evaluate the effect of taking 150 mg of vitamin B6 daily for 30 days on the severity of nausea, headache, vomiting, dizziness, depression, and irritability assocd. with the initiation of low-dose (30 .mu.g norgestrel and 30 .mu.g ethinyl estradiol) OC use. The severity of the symptoms was measured on a scale from 0 to 3 (not present to severe), and was evaluated at one month after admission. The two treatment groups (vitamin B6 and placebo) had comparable baseline characteristics. From admission to follow-up, there was a decrease in the severity of all symptoms in both groups. There was no statistically significant difference in the redns. found in the vitamin B6 and the placebo groups, although redns. in the severity of headache and dizziness were greater in the B6 group. The decrease in the severity of all OC side effects can be explained more by a placebo effect than by a marginal pharmacol. effect of the vitamin B6.

L1 ANSWER 12 OF 22 CAPLUS COPYRIGHT 2001 ACS
ACCESSION NUMBER: 1996:380204 CAPLUS
DOCUMENT NUMBER: 125:50096
TITLE: Antiprogestin cyclophasic hormonal regimen
INVENTOR(S): **Grubb, Gary S.**
PATENT ASSIGNEE(S): Ortho Pharmaceutical Corporation, USA
SOURCE: U.S., 6 pp.
CODEN: USXXAM
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
US 5521166	A	19960528	US 1994-359159	19941219
WO 9619227	A1	19960627	WO 1995-US16561	19951215
W: AL, AM, AT, AU, BB, BG, BR, BY, CA, CH, CN, CZ, DE, DK, EE, ES, FI, GB, GE, HU, IS, JP, KE, KG, KP, KR, KZ, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK				
RW: AT, BE, CH, DE, DK, ES, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, ML, MR, NE, SN, TD, TG				
CA 2208007	AA	19960627	CA 1995-2208007	19951215

```
     AU 9644730         A1   19960710       AU 1996-44730    19951215
     AU 711179          B2   19991007
     EP 799043          A1   19971008       EP 1995-943476   19951215
         R:  AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE
     JP 10513152        T2   19981215       JP 1995-519952   19951215
PRIORITY APPLN. INFO.:                   US 1994-359159     19941219
                                         WO 1995-US16561    19951215
AB   The present invention is directed to cyclophasic hormonal regimens which
     comprise antiprogestin and progestin for human contraception whereby
     progestin is administered in the alternating presence and absence of an
     antiprogestin in effective amts. to upregulate steroid receptor levels or
     is alternatively dosed with effective amts. of antiprogestin to upregulate
     steroid receptor levels.  The present invention also provides an estrogen
     contg. cyclophasic hormonal regimen for climacteric or menopausal hormone
     replacement therapy comprising the administration of an effective hormone
     replacement amt. of estrogen in alternating doses with a combined amt. of
     estrogen and an effective amt. of antiprogestin to inhibit proliferation
     of endometrial tissue caused by the administration of the estrogen.


=> file medline caplus embase biosis uspatfull

=> s loe dose oral contracept?
L16          0 LOE DOSE ORAL CONTRACEPT?

<------User Break------>

=> s low dose oral contracept?
L17       1306 LOW DOSE ORAL CONTRACEPT?

=> s starter kit
L18         49 STARTER KIT

=> s l17 and l18
L19          0 L17 AND L18

=> s kit
L20     117114 KIT

=> s l17 and l20
L21          3 L17 AND L20

=> d ti tot

L21  ANSWER 1 OF 3  CAPLUS  COPYRIGHT 2001 ACS
TI   Group comparison of serum ethinyl estradiol, SHBG and CBG levels in 83
     women using two low-dose combination oral contraceptives for three months

L21  ANSWER 2 OF 3  USPATFULL
TI     Ultra low dose oral contraceptives
       with less menstrual bleeding and sustained efficacy

L21  ANSWER 3 OF 3  USPATFULL
TI     Low dose oral contraceptives
       with less breakthrough bleeding and sustained efficacy


=> d ibib abs kwic tot
```

L21 ANSWER 1 OF 3 CAPLUS COPYRIGHT 2001 ACS
ACCESSION NUMBER: 1991:527396 CAPLUS
DOCUMENT NUMBER: 115:127396
TITLE: Group comparison of serum ethinyl estradiol, SHBG and CBG levels in 83 women using two low-dose combination oral contraceptives for three months
AUTHOR(S): Dibbelt, L.; Knuppen, R.; Juetting, G.; Heimann, S.; Klipping, C. O.; Parikka-Olexik, H.
CORPORATE SOURCE: Inst. Biochem. Endokrinol., Med. Univ. Luebeck, Luebeck, D-2400, Fed. Rep. Ger.
SOURCE: Contraception (1991), 43(1), 1-21
CODEN: CCPTAY; ISSN: 0010-7824
DOCUMENT TYPE: Journal
LANGUAGE: English

AB Serum ethinyl estradiol (EE2), sex hormone-binding globulin (SHBG) and corticosteroid-binding globulin (CBG) concns. were studied in healthy young women randomly allocated to one of two low-dose combination oral contraceptives contg. 30 .mu.g EE2 and either 75 .mu.g gestodene (F) or 150 .mu.g desogestrel (M) per unit. There was either no (formerly non-pill users) or one (pill users) wash-out cycle before the study started with a pill-free pretreatment cycle in which the hormone status and basal SHBG and CBG levels were measured. Treatment was for three months. During treatment cycles 1 and 3, there were three test days each. Seven serum samples were obtained up to four hours and one sample 24 h after intake of the first, tenth and the last (21st) pill. Addnl. samples were taken prior to morning ingestion of pills 5 and 15. For each individual and each test day, a representative serum pool has been constructed for SHBG and CBG anal. EE2 concns. were analyzed in all individual samples by means of a specific and sensitive RIA using anti-EE2-6.beta.-CMO-BSA antiserum. Area under the curves (AUC) up to 4 and 24 h, Cmax and tmax were evaluated and compared between the two treatment groups (n = 40 for F, n = 43 for M). SHBG and CBG concns. were measured using com. available immunoassay **kits**. Groups were large enough to detect a difference in group means of 75% of one std. deviation (.alpha. = 0.05, 1-.beta. = 0.9) of target variables, which is equiv. to 28 pg EE2/mL for Cmax, 69 pg.h.mL-1 for AUCEE2 0-4h, 257 pg.h.mL-1 for AUCEE2 0-24h, 39 nmol/1 SHBG and 13.4 .mu.g CBG/mL. The results clearly demonstrate that there were no differences between the two treatment groups in any of the target variables at any of the six test days distributed over a three-month period.

AB Serum ethinyl estradiol (EE2), sex hormone-binding globulin (SHBG) and corticosteroid-binding globulin (CBG) concns. were studied in healthy young women randomly allocated to one of two low-dose combination oral contraceptives contg. 30 .mu.g EE2 and either 75 .mu.g gestodene (F) or 150 .mu.g desogestrel (M) per unit. There was either no (formerly non-pill users) or one (pill users) wash-out cycle before the study started with a pill-free pretreatment cycle in which the hormone status and basal SHBG and CBG levels were measured. Treatment was for three months. During treatment cycles 1 and 3, there were three test days each. Seven serum samples were obtained up to four hours and one sample 24 h after intake of the first, tenth and the last (21st) pill. Addnl. samples were taken prior to morning ingestion of pills 5 and 15. For each individual and each test day, a representative serum pool has been constructed for SHBG and CBG anal. EE2 concns. were analyzed in all individual samples by means of a specific and sensitive RIA using anti-EE2-6.beta.-CMO-BSA antiserum. Area under the curves (AUC) up to 4 and 24 h, Cmax and tmax were evaluated and compared between the two

treatment groups (n = 40 for F, n = 43 for M). SHBG and CBG concns. were measured using com. available immunoassay **kits**. Groups were large enough to detect a difference in group means of 75% of one std. deviation (.alpha. = 0.05, 1-.beta. = 0.9) of target variables, which is equiv. to 28 pg EE2/mL for Cmax, 69 pg.h.mL-1 for AUCEE2 0-4h, 257 pg.h.mL-1 for AUCEE2 0-24h, 39 nmol/1 SHBG and 13.4 .mu.g CBG/mL. The results clearly demonstrate that there were no differences between the two treatment groups in any of the target variables at any of the six test days distributed over a three-month period.

IT Transcortins
RL: BIOL (Biological study)
(of serum, in women using **low-dose oral contraceptives**)

IT Globulins, biological studies
RL: BIOL (Biological study)
(SHBG (sex hormone-binding globulin), of serum, in women using **low-dose oral contraceptives**)

IT 57-63-6, Ethinyl estradiol
RL: BIOL (Biological study)
(of serum, in women using **low-dose oral contraceptives**)

L21 ANSWER 2 OF 3 USPATFULL

ACCESSION NUMBER:	1999:50840 USPATFULL
TITLE:	Ultra **low dose oral contraceptives** with less menstrual bleeding and sustained efficacy
INVENTOR(S):	Hodgen, Gary D., Virginia Beach, VA, United States
PATENT ASSIGNEE(S):	Medical College of Hampton Roads, Norfolk, VA, United States (U.S. corporation)

	NUMBER	KIND	DATE	
PATENT INFORMATION:	US 5898032		19990427	
APPLICATION INFO.:	US 1997-880419		19970623	(8)
DOCUMENT TYPE:	Utility			
FILE SEGMENT:	Granted			
PRIMARY EXAMINER:	Reamer, James H.			
LEGAL REPRESENTATIVE:	Ostrolenk, Faber, Gerb & Soffen, LLP			
NUMBER OF CLAIMS:	11			
EXEMPLARY CLAIM:	1			
LINE COUNT:	344			

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

AB A method of female contraception involves administering a combination of estrogen and progestin for 60-110 consecutive days in which the daily amounts of estrogen and progestin are equivalent to about 5-35 mcg of ethinyl estradiol and about 0.025 to 10 mg of norethindrone acetate, respectively. The advantages include less menstrual bleeding, less patient anemia, less total exposure to medication, higher compliance rates and more lifestyle convenience for patients.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

TI Ultra **low dose oral contraceptives** with less menstrual bleeding and sustained efficacy

SUMM . . . estrogen per day spurred the Food and Drug Administration's Fertility and Maternal Health Drugs Advisory Committee to recommend indication of **low dose oral contraceptives** for healthy, non-smoking women even during the

perimenopausal years, such as, for instance, ages 35-50. In Japan, oral contraceptives are. . .

SUMM The pharmaceutical formulations may be provided in **kit** form containing at least about 60, and preferably at least about 84 tablets, and up to 110 tablets, intended for. . .

DETD . . . At the onset of the next spontaneous menses, alternatively, they are assigned to receive on cycle day one an ultra **low dose oral contraceptive** for either 60 consecutive days, followed by 3 non-treatment days or 84 consecutive days, followed by a 7 non-treatment days.. . .

DETD Since the objective is to test an ultra **low dose oral contraceptive**, the medication is adjusted to fit the smaller (than human) body weight of these laboratory primates. The dose of ethinyl. . .

DETD . . . woman's at 50 kg) is about 12 .mu.g of ethinyl estradiol and 0.6 mg of norethindrone acetate. Thus, this ultra **low dose oral contraceptive** formulation presented a 40% reduction in daily estrogen-progestin exposure as compared to one of the lowest estrogen dose combination oral. . .

L21 ANSWER 3 OF 3 USPATFULL

ACCESSION NUMBER: 96:80261 USPATFULL

TITLE: **Low dose oral contraceptives** with less breakthrough bleeding and sustained efficacy

INVENTOR(S): Hodgen, Gary D., Norfolk, VA, United States

PATENT ASSIGNEE(S): The Medical College of Hampton Roads, Norfolk, VA, United States (U.S. corporation)

	NUMBER	KIND	DATE	
PATENT INFORMATION:	US 5552394		19960903	
APPLICATION INFO.:	US 1994-279300		19940722	(8)

DOCUMENT TYPE: Utility

FILE SEGMENT: Granted

PRIMARY EXAMINER: Jordan, Kimberly

LEGAL REPRESENTATIVE: Ostrolenk, Faber, Gerb & Soffen, LLP

NUMBER OF CLAIMS: 12

EXEMPLARY CLAIM: 1

NUMBER OF DRAWINGS: 2 Drawing Figure(s); 2 Drawing Page(s)

LINE COUNT: 425

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

AB A method of female contraception which is characterized by a reduced incidence of breakthrough bleeding after the first cycle involves monophasicly administering a combination of estrogen and progestin for 23-25 consecutive days of a 28 day cycle in which the daily amounts of estrogen and progestin are equivalent to about 5-35 mcg of ethinyl estradiol and about 0.025 to 10 mg of norethindrone acetate, respectively and in which the weight ratio of estrogen to progestin is at least 1:45 calculated as ethinyl estradiol to norethindrone acetate.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

TI **Low dose oral contraceptives** with less breakthrough bleeding and sustained efficacy

SUMM . . . estrogen per day spurred the Food and Drug Administration's Fertility and Maternal Health Drugs Advisory Committee to recommend indication of **low dose oral contraceptives** for healthy, non-smoking women even during the

perimenopausal years, such as, for instance, ages 35-50. In Japan, oral contraceptives are. . .

DETD The pharmaceutical formulations may be provided in **kit** form containing at least about 23, and preferably 28 tablets, intended for ingestion on successive days of the menstrual cycle.. . .

DETD . . . At the onset of the next spontaneous menses, alternatively, they were assigned to receive on cycle day one an ultra **low dose oral contraceptive** for either 21 consecutive days, followed by 7 non-treatment days or 24 consecutive days, followed by a 4 non-treatment days.. . .

DETD Since the objective was to test an ultra **low dose oral contraceptive**, the medication used was adjusted to fit the smaller (than human) body weight of these laboratory primates. The dose of. . .

DETD . . . woman's at 50 kg) was about 12 .mu.g of ethinyl estradiol and 0.6 mg of norethindrone acetate. Thus, this ultra **low dose oral contraceptive** formulation presented a 40% reduction in daily estrogen-progestin exposure as compared to one of the lowest estrogen dose combination oral. . .

DETD . . . untimely bleeding was significantly higher in both treatment groups than in spontaneous cycles ($p<0.05$). More importantly, monkeys receiving their ultra **low dose oral contraceptive** regimen for 24 days manifest significantly less ($p<0.05$) breakthrough bleeding in their second and third treatment cycle than females. . .

```
=> s triphas?
L22       7458 TRIPHAS?

=> s l22 and l17
L23        169 L22 AND L17

=> s tricycl?
L24      77197 TRICYCL?

=> s l24 and l17
L25          3 L24 AND L17

=> d ti tot

L25  ANSWER 1 OF 3  EMBASE  COPYRIGHT 2001 ELSEVIER SCI. B.V.
TI   Dofetilide for atrial fibrillation.

L25  ANSWER 2 OF 3  EMBASE  COPYRIGHT 2001 ELSEVIER SCI. B.V.
TI   Clinical comparison of triphasic norgestimate/35 .mu.g ethinyl estradiol
     and monophasic norethindrone acetate/20 .mu.g ethinyl estradiol: Cycle
     control, lipid effects, and user satisfaction.

L25  ANSWER 3 OF 3  EMBASE  COPYRIGHT 2001 ELSEVIER SCI. B.V.
TI   A comparison study of lipid and androgen metabolism with triphasic oral
     contraceptive formulations containing norgestimate or levonorgestrel.


=> d ibib abs tot

L25  ANSWER 1 OF 3  EMBASE  COPYRIGHT 2001 ELSEVIER SCI. B.V.
ACCESSION NUMBER:   2000193080  EMBASE
```

TITLE: Dofetilide for atrial fibrillation.
SOURCE: Medical Letter on Drugs and Therapeutics, (15 May 2000) 42/1078 (41-44).
ISSN: 0025-732X CODEN: MELEAP
COUNTRY: United States
DOCUMENT TYPE: Journal; (Short Survey)
FILE SEGMENT: 003 Endocrinology
010 Obstetrics and Gynecology
018 Cardiovascular Diseases and Cardiovascular Surgery
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English

L25 ANSWER 2 OF 3 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 1999209840 EMBASE
TITLE: Clinical comparison of triphasic norgestimate/35 .mu.g ethinyl estradiol and monophasic norethindrone acetate/20 .mu.g ethinyl estradiol: Cycle control, lipid effects, and user satisfaction.
AUTHOR: Sulak P.; Lippman J.; Siu C.; Massaro J.; Godwin A.
CORPORATE SOURCE: Dr. P. Sulak, Scott and White Memorial Hospital, Dept. of Obstetrics and Gynecology, 2401 S. 31st St., Temple, TX 76508, United States
SOURCE: Contraception, (1999) 59/3 (161-166).
Refs: 12
ISSN: 0010-7824 CODEN: CCPTAY
PUBLISHER IDENT.: S 0010-7824(99)00026-8
COUNTRY: United States
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 010 Obstetrics and Gynecology
037 Drug Literature Index
LANGUAGE: English
SUMMARY LANGUAGE: English

AB This six-cycle, multicenter, open-label, randomized study compared the clinical experience of two **low-dose oral contraceptives** (OC): a triphasic OC containing norgestimate (NGM) and 35 .mu.g ethinyl estradiol (EE) (Ortho Tri- Cyclen.RTM.) and a monophasic OC containing norethindrone acetate (NETA) and 20 .mu.g EE (Loestrin.RTM. Fe 1/20). Cycle control, lipid and androgen profiles, and user satisfaction were studied in new-start OC users (ie, no prior use within 60 days). Breakthrough bleeding or breakthrough spotting (BTB/BTS) occurred in a significantly smaller percentage of NGM/EE users than NETA/EE users during each of six cycles (p .ltoreq.0.002). The incidence of BTB/BTS ranged from 3.7% to 13.5% for NGM/EE users and from 23.5% to 49.7% for NETA/EE users. Significantly fewer NGM/EE users than NETA/EE users experienced absence of menses at cycles 2 through 6 (p .ltoreq. 0.003). The percentages of women having no menses at each cycle ranged from 0.9% to 4.7% for NGM/EE users and from 10.3% to 21.3% for NETA/EE users. NGM/EE users reported a significantly (p <0.001) higher level of satisfaction with their OC at the end of six cycles than did NETA/EE users, but there was no significant difference in compliance, discontinuation rates, or adverse events between the two groups. NGM/EE produced a significantly (p .ltoreq.0.001) greater beneficial effect on HDL-C, HDL2, and apo A-I than did NETA/EE. No statistically significant treatment differences were found for total cholesterol, LDL-C, triglycerides, or apo- B. Both OC increased sex hormone binding globulin and decreased free testosterone, but NGM/EE had a significantly greater effect (p <0.009).

L25 ANSWER 3 OF 3 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 92272768 EMBASE
DOCUMENT NUMBER: 1992272768
TITLE: A comparison study of lipid and androgen metabolism with triphasic oral contraceptive formulations containing norgestimate or levonorgestrel.
AUTHOR: Janaud A.; Rouffy J.; Upmalis D.; Dain M.-P.
CORPORATE SOURCE: Hopital Saint-Louis,Paris, France
SOURCE: Acta Obstetricia et Gynecologica Scandinavica, Supplement, (1992) 71/156 (33-38).
ISSN: 0300-8835 CODEN: AGSSAI
COUNTRY: Denmark
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 010 Obstetrics and Gynecology
029 Clinical Biochemistry
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English
AB The effects of norgestimate triphasic (Ortho Tri-Cyclen.RTM., Tri-Cilest.RTM.) and levonorgestrel triphasic (Triphasil.RTM.) formulations on lipid and androgen metabolism were assessed in a study of 66 healthy women treated through six menstrual cycles. Levels of the following were measured: cholesterol and its subfractions, triglycerides, carrier lipoproteins, estradiol, testosterone, and sex hormone binding globulin (SHBG). Comparison of baseline values with values after 3 and 6 months of treatment indicated that both regimens influenced lipid and androgen metabolism. There was a statistically significant between regimen difference in levels of high-density lipoprotein, which were favorably increased with norgestimate triphasic but reduced with levonorgestrel triphasic. Related data on SHBG showed that plasma levels of this marker of estrogen/androgen balance were increased significantly more in the norgestimate triphasic group, providing additional evidence of low androgenicity. Both regimens inhibited follicular growth to the same extent, as evidenced by low mean levels of estradiol in all on-therapy cycles; and both decreased free testosterone. Side effects in both groups were minor and characteristic of those observed with **low-dose oral contraceptive** agents. The results of the study support the reported safety and positive effects of norgestimate on lipid and androgen metabolism, in comparison with a levonorgestrel-containing combined oral contraceptive.

=> s l23 not py>1998
L26 158 L23 NOT PY>1998

=> s l23 not py>1995
L27 145 L23 NOT PY>1995

=> d scan

L27 145 ANSWERS BIOSIS COPYRIGHT 2001 BIOSIS
TI EFFECTS OF SEVEN LOW-DOSE COMBINED ORAL CONTRACEPTIVES ON SEX HORMONE BINDING GLOBULIN CORTICOSTEROID BINDING GLOBULIN TOTAL AND FREE TESTOSTERONE.
IT Miscellaneous Descriptors
CYPROTERONE ACETATE LEVONORGESTREL NORETHISTERONE DESOGESTREL GESTODENE

CONTRACEPTIVE-DRUG HORMONE-DRUG DERMATOLOGICAL-DRUG ANTIANDROGEN ANTIESTROGENIC EFFECT ACNE VULGARIS PHARMACODYNAMICS

HOW MANY MORE ANSWERS DO YOU WISH TO SCAN? (1):3

L27 145 ANSWERS CAPLUS COPYRIGHT 2001 ACS
CC 2-3 (Mammalian Hormones)
TI Comparison of the lipoprotein and hemostatic changes after a **triphasic** and a monophasic **low dose** **oral contraceptive** in premenopausal middle-aged women
ST oral contraceptive lipoprotein hemostasis age
IT Glycerides, biological studies
RL: BIOL (Biological study)
(of blood plasma, oral contraceptive regimen effect on, in middle-aged premenopausal women)
IT Body weight
(oral contraceptive regimen effect on, in middle-aged premenopausal women)
IT Blood coagulation
(oral contraceptives effect on, in middle-aged premenopausal women)
IT Lipoproteins
RL: BIOL (Biological study)
(apo-, A-II, of blood plasma, oral contraceptive regimen effect on, in middle-aged premenopausal women)
IT Lipoproteins
RL: BIOL (Biological study)
(high-d., 2, of blood plasma, oral contraceptive regimen effect on, in middle-aged premenopausal women)
IT Lipoproteins
RL: BIOL (Biological study)
(high-d., 3, of blood plasma, oral contraceptive regimen effect on, in middle-aged premenopausal women)
IT Lipoproteins
RL: BIOL (Biological study)
(high-d., cholesterol ester-contg., of blood plasma, oral contraceptive regimen effect on, in middle-aged premenopausal women)
IT Lipoproteins
RL: BIOL (Biological study)
(low-d., of blood plasma, oral contraceptive regimen effect on, in middle-aged premenopausal women)
IT Contraceptives
(oral, lipoprotein and hemostatic response to, in middle-aged premenopausal women)
IT Menopause
(pre-, lipoprotein metab. and hemostasis response to oral contraceptives in, in women)
IT 8056-51-7, Ethinylestradiol-norgestrel mixture 71138-35-7
RL: BIOL (Biological study)
(lipoprotein and hemostatic response to, in middle-aged premenopausal women)
IT 57-88-5, Cholest-5-en-3-ol (3.beta.)-, biological studies 57-88-5D, Cholest-5-en-3-ol (3.beta.)-, esters
RL: BIOL (Biological study)
(of lipoproteins, of blood plasma, oral contraceptive regimen effect on, in middle-aged premenopausal women)

L27 145 ANSWERS BIOSIS COPYRIGHT 2001 BIOSIS
TI EFFECTS OF THREE **LOW-DOSE ORAL**

CONTRACEPTIVE FORMULATIONS ON LIPID METABOLISM.
IT Miscellaneous Descriptors
HUMAN ETHYNYLESTRADIOL-DESOGESTREL ETHYNYLESTRADIOL-GESTODENE ETHYNYLESTRADIOL-LEVONORGESTREL CONTRACEPTIVE-DRUG LOW DENSITY LIPOPROTEIN HIGH DENSITY LIPOPROTEIN ARTERIAL DISEASE RISK

L27 145 ANSWERS BIOSIS COPYRIGHT 2001 BIOSIS
TI Changes in blood levels of proteinase inhibitors, pregnancy zone protein, steroid carriers and complement factors induced by oral contraceptives.
IT Miscellaneous Descriptors
ALBUMIN; ALPHA-ANTITRYPSIN; ALPHA-2-MACROGLOBULIN; ANTITHROMBIN III; CLINICAL TRIAL; CONTRACEPTIVE-DRUG; CORTICOSTEROID BINDING GLOBULIN; DESOGESTREL; ETHINYL ESTRADIOL; LEVONORGESTREL; SEX HORMONE BINDING GLOBULIN

HOW MANY MORE ANSWERS DO YOU WISH TO SCAN? (1):3

L27 145 ANSWERS CAPLUS COPYRIGHT 2001 ACS
CC 2-3 (Mammalian Hormones)
TI Divergent effects of two **low-dose oral contraceptives** on sex hormone-binding globulin and free testosterone
ST oral contraceptive testosterone sex hormone globulin
IT Blood serum
(testosterone of, oral contraceptives effect on, in women)
IT Contraceptives
(oral, sex hormone-binding globulin and testosterone secretion response to, in women)
IT Globulins, biological studies
RL: BIOL (Biological study)
(sex hormone-binding, oral contraceptives effect on, in women)
IT 58-22-0, Testosterone
RL: BIOL (Biological study)
(of blood serum, oral contraceptives effect on, in women)
IT 71138-35-7
RL: BIOL (Biological study)
(sex hormone-binding globulin binding of, oral contraceptives effect on, in women)
IT 8056-51-7
RL: BIOL (Biological study)
(sex hormone-binding globulins and testosterone secretion response to, in women)

L27 145 ANSWERS BIOSIS COPYRIGHT 2001 BIOSIS
TI A RANDOMIZED CROSS-OVER COMPARISON OF 2 **LOW-DOSE ORAL CONTRACEPTIVES** UPON HORMONAL AND METABOLIC PARAMETERS I. EFFECTS UPON SEXUAL HORMONE LEVELS.
IT Miscellaneous Descriptors
HUMAN DESOGESTREL ETHYNYL ESTRADIOL LEVONORGESTREL CONTRACEPTIVE-DRUG HORMONE-DRUG LUTEINIZING HORMONE FSH PROGESTERONE TESTOSTERONE DEHYDROEPIANDROSTERONE SULFATE

L27 145 ANSWERS BIOSIS COPYRIGHT 2001 BIOSIS
TI COMPARISON OF THE LIPOPROTEIN AND HEMOSTATIC CHANGES AFTER A **TRIPHASIC** AND A MONOPHASIC **LOW DOSE ORAL CONTRACEPTIVE** IN PREMENOPAUSAL MIDDLE-AGED WOMEN.
IT Miscellaneous Descriptors
ETHYNYLESTRADIOL NORGESTREL DESOGESTREL CONTRACEPTIVE AGENT HORMONE

AGENT PHARMACOTOXICITY THROMBOSIS PLASMA LIPID TRIGLYCERIDEMIA LOW DENSITY LIPOPROTEIN HIGH DENSITY LIPOPROTEIN CHOLESTEROL CARDIOVASCULAR MONITORING

HOW MANY MORE ANSWERS DO YOU WISH TO SCAN? (1):5

L27 145 ANSWERS CAPLUS COPYRIGHT 2001 ACS
CC 2-3 (Mammalian Hormones)
TI Changes in blood levels of proteinase inhibitors, pregnancy zone protein, steroid carriers and complement factors induced by oral contraceptives
ST oral contraceptive proteinase inhibitor complement protein; complement factor blood oral contraceptive; steroid carrier protein blood oral contraceptive; protein blood oral contraceptive
IT Fibrinolysis
(oral contraceptives effect on, in women)
IT Transcortins
RL: BIOL (Biological study)
(oral contraceptives effect on, of blood plasma of women)
IT Albumins, biological studies
RL: BIOL (Biological study)
(oral contraceptives effect on, of women)
IT Blood plasma
(proteinase inhibitors and pregnancy zone protein and steroid carriers and complement factors of, of women, oral contraceptives effect on)
IT Glycoproteins, specific or class
RL: BIOL (Biological study)
(PAAG (pregnancy-assocd. .alpha.2-glycoprotein), oral contraceptives effect on, of blood plasma of women)
IT Globulins, biological studies
RL: BIOL (Biological study)
(SHBG (sex hormone-binding globulin), oral contraceptives effect on, of women)
IT Contraceptives
(oral, proteinase inhibitors and pregnancy zone protein and steroid carriers and complement factors of blood plasma of women response to)
IT Macroglobulins
RL: BIOL (Biological study)
(.alpha.2-, oral contraceptives effect on, of blood plasma of women)
IT 9000-94-6, Antithrombin III 9041-92-3, .alpha.1-Antitrypsin
37205-61-1, Proteinase inhibitor 80295-41-6, Complement factor C3
80295-48-3, Complement C4 80295-62-1, Complement factor B
RL: BIOL (Biological study)
(oral contraceptives effect on, of blood plasma of women)
IT 71138-35-7, Marvelon
RL: BIOL (Biological study)
(proteinase inhibitors and pregnancy zone protein and steroid carriers and complement factors of blood plasma of women response to)
IT 39366-37-5, Gynatrol
RL: BIOL (Biological study)
(proteinase inhibitors and pregnancy zone protein and steroid carriers and complement factors of blood plasma of women response to, Gynatrol and Trinordiol)

L27 145 ANSWERS BIOSIS COPYRIGHT 2001 BIOSIS
TI EFFECTS OF THE ORAL CONTRACEPTIVE COMBINATION 0.150MG DESOGESTREL PLUS 0.020MG ETHYNYLESTRADIOL ON SERUM LIPIDS INCLUDING THE HDL SUBFRACTIONS.
IT Miscellaneous Descriptors
LEVONORGESTREL CONTRACEPTIVE-DRUG LOW-DENSITY LIPOPROTEIN HIGH-DENSITY

LIPOPROTEIN TRIGLYCERIDES PHOSPHOLIPIDS APOLIPOPROTEIN B SIDE EFFECT

L27 145 ANSWERS CAPLUS COPYRIGHT 2001 ACS
CC 2-3 (Mammalian Hormones)
TI Changes in lipoprotein composition in women receiving two **low-dose oral contraceptives** containing ethinylestradiol and gonane progestins
ST lipoprotein plasma oral contraceptive; lipid plasma oral contraceptive
IT Blood plasma
(lecithin-cholesterol acyltransferase of, of women, **low-dose oral contraceptives** effect on)
IT Glycerides, biological studies
Lipids, biological studies
Phospholipids, biological studies
RL: BIOL (Biological study)
(of blood plasma, of women, **low-dose oral contraceptives** effect on)
IT Lipoproteins
RL: BIOL (Biological study)
(apo-, A-I, of blood plasma of women, **low-dose oral contraceptives** effect on)
IT Lipoproteins
RL: BIOL (Biological study)
(apo-, A-II, of blood plasma of women, **low-dose oral contraceptives** effect on)
IT Lipoproteins
RL: BIOL (Biological study)
(apo-, B, of blood plasma of women, **low-dose oral contraceptives** effect on)
IT Lipoproteins
RL: BIOL (Biological study)
(high-d., of blood plasma of women, **low-dose oral contraceptives** effect on)
IT Lipoproteins
RL: BIOL (Biological study)
(low-d., of blood plasma of women, **low-dose oral contraceptives** effect on)
IT Contraceptives
(oral, lipids and lipoproteins of blood plasma of women response to)
IT 39366-37-5 71138-35-7
RL: BIOL (Biological study)
(lipids and lipoproteins of blood plasma of women response to)
IT 57-88-5, Cholesterol, biological studies 9031-14-5, Lecithin-cholesterol acyltransferase
RL: BIOL (Biological study)
(of blood plasma, of women, **low-dose oral contraceptives** effect on)

L27 145 ANSWERS BIOSIS COPYRIGHT 2001 BIOSIS
TI A RANDOMIZED CROSS-OVER COMPARISON OF TWO **LOW-DOSE ORAL CONTRACEPTIVES** ON HORMONAL AND METABOLIC SERUM PARAMETERS II. EFFECTS ON THYROID FUNCTION GASTRIN GROWTH HORMONE AND GLUCOSE TOLERANCE.
IT Miscellaneous Descriptors
HUMAN ETHYNYL ESTRADIOL LEVONORGESTREL DESOGESTREL CONTRACEPTIVE-DRUG THYROXINE TRIIODOTHYRONINE TREATMENT CYCLE

L27 145 ANSWERS BIOSIS COPYRIGHT 2001 BIOSIS

```
TI   THE CLINICAL AND BIOCHEMICAL EFFECTS OF TWO COMBINATION ORAL CONTRACEPTIVE
     AGENTS.
IT   Miscellaneous Descriptors
        HUMAN ETHYNYLESTRADIOL LEVONORGESTREL ATHEROGENIC HIGH DENSITY
        LIPOPROTEIN CHOLESTEROL

HOW MANY MORE ANSWERS DO YOU WISH TO SCAN? (1):0

=> fil reg
COST IN U.S. DOLLARS                                SINCE FILE      TOTAL
                                                         ENTRY    SESSION
FULL ESTIMATED COST                                      44.23     116.89

DISCOUNT AMOUNTS (FOR QUALIFYING ACCOUNTS)          SINCE FILE      TOTAL
                                                         ENTRY    SESSION
CA SUBSCRIBER PRICE                                      -0.59      -9.40

FILE 'REGISTRY' ENTERED AT 18:09:07 ON 17 AUG 2001
USE IS SUBJECT TO THE TERMS OF YOUR STN CUSTOMER AGREEMENT.
PLEASE SEE "HELP USAGETERMS" FOR DETAILS.
COPYRIGHT (C) 2001 American Chemical Society (ACS)

STRUCTURE FILE UPDATES:   16 AUG 2001  HIGHEST RN 351857-20-0
DICTIONARY FILE UPDATES:  16 AUG 2001  HIGHEST RN 351857-20-0

TSCA INFORMATION NOW CURRENT THROUGH January 11, 2001

  Please note that search-term pricing does apply when
  conducting SmartSELECT searches.

Structure search limits have been increased.  See HELP SLIMIT
for details.

=> s levonorgestrel/cn
L28           1 LEVONORGESTREL/CN

=> s norethindrone/cn
L29           1 NORETHINDRONE/CN

=> s gestodene/cn
L30           1 GESTODENE/CN

=> s norgestimate/cn
L31           1 NORGESTIMATE/CN

=> fil medline capl embase biosis uspatfull

=> s l28-l31 or LEVONORGESTREL or NORETHINDRONE or GESTODENE or NORGESTIMATE
L32       22788 (L28 OR L29 OR L30 OR L31) OR LEVONORGESTREL OR NORETHINDRONE
                OR GESTODENE OR NORGESTIMATE

=> s l32 and l17
L33         681 L32 AND L17

=> s l32 and l23
L34         148 L32 AND L23

=> dup rem l34
```

PROCESSING COMPLETED FOR L34
L35 72 DUP REM L34 (76 DUPLICATES REMOVED)

=> s l35 not py>1998
L36 66 L35 NOT PY>1998

=> d ti tot

L36 ANSWER 1 OF 66 MEDLINE
TI Effect of two oral contraceptives containing ethinyl estradiol and **gestodene** or **norgestimate** on different lipid and lipoprotein parameters.

L36 ANSWER 2 OF 66 MEDLINE
TI The effects of monophasic and **triphasic** oral contraceptives on ovarian function and endometrial thickness.

L36 ANSWER 3 OF 66 MEDLINE
TI The role of **triphasic levonorgestrel** in oral contraception: a review of metabolic and hemostatic effects.

L36 ANSWER 4 OF 66 MEDLINE
TI **Gestodene**-containing contraceptives.

L36 ANSWER 5 OF 66 MEDLINE
TI Effects of two **low-dose oral contraceptives** on erythrocyte superoxide dismutase, catalase and glutathione peroxidase activities.

L36 ANSWER 6 OF 66 MEDLINE
TI Changes in blood levels of proteinase inhibitors, pregnancy zone protein, steroid carriers and complement factors induced by oral contraceptives.

L36 ANSWER 7 OF 66 MEDLINE
TI A clinical comparison of two **triphasic** oral contraceptives with **levonorgestrel** or **norethindrone**: a prospective, randomized, single-blind study.

L36 ANSWER 8 OF 66 MEDLINE
TI Effect of oral contraceptive use on the incidence of impaired glucose tolerance and diabetes mellitus.

L36 ANSWER 9 OF 66 MEDLINE
TI A comparison study of lipid and androgen metabolism with **triphasic** oral contraceptive formulations containing **norgestimate** or **levonorgestrel**.

L36 ANSWER 10 OF 66 MEDLINE
TI Clinical evaluation of a new **triphasic** oral contraceptive: **norgestimate** and ethinyl estradiol.

L36 ANSWER 11 OF 66 MEDLINE
TI Contraceptive compliance with a **levonorgestrel triphasic** and a **norethindrone** monophasic oral contraceptive in adolescent patients.

L36 ANSWER 12 OF 66 MEDLINE
TI Preconception counseling and contraception after gestational diabetes.

L36 ANSWER 13 OF 66 MEDLINE
TI Contraception for women with diabetes: an update.

L36 ANSWER 14 OF 66 MEDLINE
TI Coronary heart disease risk markers in users of **low-dose oral contraceptives**.

L36 ANSWER 15 OF 66 MEDLINE
TI The clinical and biochemical effects of two combination oral contraceptive agents.

L36 ANSWER 16 OF 66 MEDLINE
TI A comparative study on the effects of a monophasic pill containing desogestrel plus 20 micrograms ethinylestradiol, a **triphasic** combination containing **levonorgestrel** and a monophasic combination containing **gestodene** on coagulatory factors.

L36 ANSWER 17 OF 66 MEDLINE
TI Cycle control on **low-dose oral contraceptives**: a comparative trial.

L36 ANSWER 18 OF 66 MEDLINE
TI **Low-dose oral contraceptives** lower plasma levels of apolipoprotein E.

L36 ANSWER 19 OF 66 MEDLINE
TI Hemostasis profile in women taking **low-dose oral contraceptives**.

L36 ANSWER 20 OF 66 MEDLINE
TI Effects of seven low-dose combined oral contraceptives on sex hormone binding globulin, corticosteroid binding globulin, total and free testosterone.

L36 ANSWER 21 OF 66 MEDLINE
TI Effects of seven low-dose combined contraceptives on vitamin B6 status.

L36 ANSWER 22 OF 66 MEDLINE
TI Metabolic effects of three new low-dose pills: a six-month experience.

L36 ANSWER 23 OF 66 MEDLINE
TI Comparative trial of the effects on glucose tolerance and lipoprotein metabolism of two new oral contraceptives containing gestoden and desogestrel.

L36 ANSWER 24 OF 66 MEDLINE
TI Changes in lipoprotein composition in women receiving two **low-dose oral contraceptives** containing ethinylestradiol and gonane progestins.

L36 ANSWER 25 OF 66 MEDLINE
TI Effects of three **low-dose oral contraceptive** formulations on lipid metabolism.

L36 ANSWER 26 OF 66 MEDLINE
TI New progestogens in oral contraceptives.

L36 ANSWER 27 OF 66 MEDLINE
TI Effect of seven low-dose combined oral contraceptive preparations on carbohydrate metabolism.

L36 ANSWER 28 OF 66 MEDLINE
TI A low-dose **triphasic** oral contraceptive.

L36 ANSWER 29 OF 66 MEDLINE
TI Divergent effects of two **low-dose oral contraceptives** on sex hormone-binding globulin and free testosterone.

L36 ANSWER 30 OF 66 MEDLINE
TI Oral contraceptives and insulin receptor binding in normal women and those with previous gestational diabetes.

L36 ANSWER 31 OF 66 MEDLINE
TI A randomized cross-over comparison of two **low-dose oral contraceptives** upon hormonal and metabolic serum parameters: II. Effects upon thyroid function, gastrin, STH, and glucose tolerance.

L36 ANSWER 32 OF 66 MEDLINE
TI A randomized crossover comparison of two low-dose contraceptives: effects on serum lipids and lipoproteins.

L36 ANSWER 33 OF 66 MEDLINE
TI A randomized cross-over comparison of two **low-dose oral contraceptives** upon hormonal and metabolic parameters: I. Effects upon sexual hormone levels.

L36 ANSWER 34 OF 66 MEDLINE
TI Comparative metabolic effects of oral contraceptive preparations containing different progestagens. Effects of desogestrel + ethinylestradiol on the haemostatic balance.

L36 ANSWER 35 OF 66 MEDLINE
TI Two oral contraceptives, efficacy, serum proteins, and lipid metabolism. A comparative multicentre study on a **triphasic** and a fixed dose combination.

L36 ANSWER 36 OF 66 CAPLUS COPYRIGHT 2001 ACS
TI Pharmacokinetics of the progestogens

L36 ANSWER 37 OF 66 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
TI Promoting emergency contraception.

L36 ANSWER 38 OF 66 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
TI Contraception and the risk of type 2 diabetes mellitus in latina women with prior gestational diabetes mellitus.

L36 ANSWER 39 OF 66 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
TI Preventing unintended pregnancy: The cost-effectiveness of three methods of emergency contraception.

L36 ANSWER 40 OF 66 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
TI When is it safe to switch from oral contraceptives to hormonal replacement therapy?.

L36 ANSWER 41 OF 66 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
TI Ovarian activity suppression by two different low-dose **triphasic** oral contraceptives.

L36 ANSWER 42 OF 66 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
TI Effect of pantoprazole on ovulation suppression by a low-dose hormonal contraceptive.

L36 ANSWER 43 OF 66 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
TI Contraceptive compliance with a **triphasic** and a monophasic **norethindrone**-containing oral contraceptive pill in a private adolescent practice.

L36 ANSWER 44 OF 66 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
TI [Oral contraception: Disadvantages of estrogen reduction]. CONTRACEPTION ESTROPROGESTATIVE. INCONVENIENTS DE LA DIMINUTION DES ESTROGENES.

L36 ANSWER 45 OF 66 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
TI The safety of physiological estrogen plus progestin replacement therapy and with oral contraceptive therapy in women with pathological hyperprolactinemia.

L36 ANSWER 46 OF 66 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
TI A comparison study of lipid and androgen metabolism with **triphasic** oral contraceptive formulations containing **norgestimate** or **levonorgestrel**.

L36 ANSWER 47 OF 66 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
TI Clinical evaluation of a new **triphasic** oral contraceptive: **Norgestimate** and ethinyl estradiol.

L36 ANSWER 48 OF 66 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
TI Effect of **low-dose oral contraceptives** on carbohydrate and lipid metabolism in women with recent gestational diabetes: Results of a controlled, randomized, prospective study.

L36 ANSWER 49 OF 66 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
TI Clinical aspects of the relationship between oral contraceptives, abnormalities in carbohydrate metabolism, and the development of cardiovascular disease.

L36 ANSWER 50 OF 66 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
TI Results of a clinical study with **low-dose oral contraceptives**. Investigation with **triphasic** and monophasic preparations containing **levonorgestrel** and ethinylestradiol.

L36 ANSWER 51 OF 66 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
TI Comparative trial of the effects of glucose tolerance and lipoprotein metabolism of two new oral contraceptives containing gestoden and desogestrel.

L36 ANSWER 52 OF 66 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
TI Effects of three **low-dose oral contraceptive** combinations on sex-hormone binding globulin,

corticosteroid binding globulin and antithrombin III activity in healthy women: Two monophasic desogestrel combinations (containing 0.020 or 0.030 mg ethinylestradiol) and one **triphasic levonorgestrel** combination.

L36 ANSWER 53 OF 66 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
TI Effects of the oral contraceptive combination 0.150 mg desogestrel + 0.020 mg ethinylestradiol on serum lipids including the HDL subfractions.

L36 ANSWER 54 OF 66 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
TI The effect of two low-dose contraceptives containing ethinylestradiol and desogestrel or d-norgestrel on blood clotting factors.

L36 ANSWER 55 OF 66 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
TI Effect of Ortho* 7/7/7 tablets on the uterine endometrium.

L36 ANSWER 56 OF 66 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
TI **Low-dose oral contraceptives**:
Progestin potency, androgenicity, and atherogenic potential.

L36 ANSWER 57 OF 66 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
TI Effect of **low-dose oral contraceptives** upon serum thyroid parameters in healthy women
Future Aspects in Contraception. International Symposium. Heidelberg 5-8 September 1984.

L36 ANSWER 58 OF 66 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
TI Metabolic effects of the **triphasic** oral contraceptive Trigynon.RTM..

L36 ANSWER 59 OF 66 BIOSIS COPYRIGHT 2001 BIOSIS
TI EFFECTS OF THE ORAL CONTRACEPTIVE COMBINATION 0.150MG DESOGESTREL PLUS 0.020MG ETHYNYLESTRADIOL ON SERUM LIPIDS INCLUDING THE HDL SUBFRACTIONS.

L36 ANSWER 60 OF 66 BIOSIS COPYRIGHT 2001 BIOSIS
TI ORAL CONTRACEPTIVES AND THEIR MINOR SIDE EFFECTS COMPARISON BETWEEN THREE LOW-DOSE ESTROPROGESTINIC ASSOCIATIONS.

L36 ANSWER 61 OF 66 BIOSIS COPYRIGHT 2001 BIOSIS
TI EFFECT OF **LOW DOSE ORAL CONTRACEPTIVES** ON GLUCOSE TOLERANCE COMPARISON OF **TRIPHASIC** AND MONOPHASIC FORMULATIONS IN NORMAL AND PREVIOUS GESTATIONAL DIABETIC WOMEN.

L36 ANSWER 62 OF 66 BIOSIS COPYRIGHT 2001 BIOSIS
TI A COMPARATIVE MULTI CENTER STUDY ON A **TRIPHASIC** AND A FIXED **LOW DOSE ORAL CONTRACEPTIVE** COMBINATION.

L36 ANSWER 63 OF 66 USPATFULL
TI Combined pharmaceutical estrogen-androgen-progestin oral contraceptive

L36 ANSWER 64 OF 66 USPATFULL
TI Contraception system and method

L36 ANSWER 65 OF 66 USPATFULL
TI **Low dose oral contraceptives** with less breakthrough bleeding and sustained efficacy

L36 ANSWER 66 OF 66 USPATFULL
TI Contraception system and method

=> d ibib abs kwic 62, 61, 56, 50, 46, 47, 27, 4, 10, 17, 9, 1, 2

L36 ANSWER 62 OF 66 BIOSIS COPYRIGHT 2001 BIOSIS
ACCESSION NUMBER: 1984:109614 BIOSIS
DOCUMENT NUMBER: BR27:26106
TITLE: A COMPARATIVE MULTI CENTER STUDY ON A **TRIPHASIC** AND A FIXED **LOW DOSE ORAL** **CONTRACEPTIVE** COMBINATION.
AUTHOR(S): CULLBERG G
CORPORATE SOURCE: DEP. OBSTETRICS GYNAECOL., OSTRA SJUKHUSET, GOTEBORG, SWEDEN.
SOURCE: 22ND SCANDINAVIAN CONGRESS OF OBSTETRICS AND GYNECOLOGY, HELSINKI, FINLAND, JUNE 7-10, 1982. ACTA OBSTET GYNECOL SCAND SUPPL, (1983 (RECD 1984)) 0 (116), 97.
CODEN: AGSSAI. ISSN: 0300-8835.
DOCUMENT TYPE: Conference
FILE SEGMENT: BR; OLD
LANGUAGE: English
TI A COMPARATIVE MULTI CENTER STUDY ON A **TRIPHASIC** AND A FIXED **LOW DOSE ORAL CONTRACEPTIVE** COMBINATION.
RN 57-63-6 (ETHYNYL ESTRADIOL)
506-32-1 (ARACHIDONIC-ACID)
797-63-7 (LEVO NORGESTREL)
54024-22-5 (DESOGESTREL)

L36 ANSWER 61 OF 66 BIOSIS COPYRIGHT 2001 BIOSIS
ACCESSION NUMBER: 1986:30690 BIOSIS
DOCUMENT NUMBER: BR30:30690
TITLE: EFFECT OF **LOW DOSE ORAL** **CONTRACEPTIVES** ON GLUCOSE TOLERANCE COMPARISON OF **TRIPHASIC** AND MONOPHASIC FORMULATIONS IN NORMAL AND PREVIOUS GESTATIONAL DIABETIC WOMEN.
AUTHOR(S): SKOUBY S O
CORPORATE SOURCE: DIABETES CENT., DEP. OBSTET. AND GYN. Y, RIGSHOSP., COPENHAGEN, DENMARK.
SOURCE: 11TH WORLD CONGRESS OF GYNECOLOGY AND OBSTETRICS, BERLIN, WEST GERMANY, SEPT. 15-20, 1985. ARCH GYNECOL, (1985) 237 (SUPPL), 333.
CODEN: ARCGDG. ISSN: 0170-9925.
DOCUMENT TYPE: Conference
FILE SEGMENT: BR; OLD
LANGUAGE: English
TI EFFECT OF **LOW DOSE ORAL** **CONTRACEPTIVES** ON GLUCOSE TOLERANCE COMPARISON OF **TRIPHASIC** AND MONOPHASIC FORMULATIONS IN NORMAL AND PREVIOUS GESTATIONAL DIABETIC WOMEN.
IT Miscellaneous Descriptors
ABSTRACT ETHYNYL ESTRADIOL **LEVONORGESTREL** CONTRACEPTIVE-DRUG INSULIN
RN 50-99-7 (GLUCOSE)
57-63-6 (ETHYNYL ESTRADIOL)
797-63-7 (**LEVONORGESTREL**)

9004-10-8 (INSULIN)

L36 ANSWER 56 OF 66 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 87048614 EMBASE
DOCUMENT NUMBER: 1987048614
TITLE: **Low-dose oral contraceptives**: Progestin potency, androgenicity, and atherogenic potential.
AUTHOR: Ellis J.
CORPORATE SOURCE: Department of Obstetrics and Gynecology, Northwestern University Medical School, Planned Parenthood Association of Chicago, Chicago, IL, United States
SOURCE: Clinical Therapeutics, (1986) 8/6 (607-618).
CODEN: CLTHDG
COUNTRY: United States
DOCUMENT TYPE: Journal
FILE SEGMENT: 037 Drug Literature Index
010 Obstetrics and Gynecology
030 Pharmacology
017 Public Health, Social Medicine and Epidemiology
003 Endocrinology
LANGUAGE: English
TI **Low-dose oral contraceptives**:
Progestin potency, androgenicity, and atherogenic potential.
CT Medical Descriptors:
*androgyny
*drug comparison
*drug dose
*lipid blood level
*lipid metabolism
*drug therapy
adverse drug reaction
survey
priority journal
therapy
oral drug administration
short survey
human
normal human
cardiovascular system
pregnancy
etiology
prevention
*ethinylestradiol plus etynodiol diacetate
*etynodiol diacetate
***ethinylestradiol plus levonorgestrel**
*ethinylestradiol plus norethisterone acetate
***low dose oral contraceptive**
*norethisterone
*mestranol plus norethisterone
*noretynodrel
*norgestrel
*ethinylestradiol plus norgestrel
*ethinylestradiol plus norethisterone
*oral contraceptive agent
*progesterone
loovral
unclassified drug

RN (ethinylestradiol plus etynodiol diacetate) 8075-78-3; (etynodiol diacetate) 297-76-7; (ethinylestradiol plus **levonorgestrel**) 39366-37-5; (ethinylestradiol plus norethisterone acetate) 8015-12-1; (norethisterone) **68-22-4**; (mestranol plus norethisterone) 8015-29-0; (noretynodrel) 68-23-5; (norgestrel) 6533-00-2; (ethinylestradiol plus norgestrel) 8056-51-7; (ethinylestradiol plus norethisterone) 37270-71-6; (progesterone) 57-83-0

CN Micronor; Nor qd; Ovrette; Loestrin; **Triphasil**; Nordette; Loovral; Ovcon; Brevicon; Modicon; Ortho novum; Trinorinyl; Demulen; Norinyl

L36 ANSWER 50 OF 66 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.

ACCESSION NUMBER: 88205631 EMBASE

DOCUMENT NUMBER: 1988205631

TITLE: Results of a clinical study with **low-dose oral contraceptives**. Investigation with **triphasic** and monophasic preparations containing **levonorgestrel** and ethinylestradiol.

AUTHOR: Matsumoto S.; Sato T.; Matsuyama E.; Tamada T.; Wagatsuma T.; Honda H.

CORPORATE SOURCE: Japan Family Planning Association, Medical Committee, Tokyo, Japan

SOURCE: Current Therapeutic Research - Clinical and Experimental, (1988) 44/1 (165-177).
ISSN: 0011-393X CODEN: CTCEA

COUNTRY: United States

DOCUMENT TYPE: Journal

FILE SEGMENT: 010 Obstetrics and Gynecology
037 Drug Literature Index
038 Adverse Reactions Titles

LANGUAGE: English

SUMMARY LANGUAGE: English

AB Clinical study with oral contraceptives has started in Japan, which is the sole country where oral contraception is not allowed. There are many reasons why clinical studies have been delayed. The government of Japan does not approve of oral contraceptives, mainly because the general public's view of oral contraceptives centers on unclarified side effects and this view is clouded by the problematical side effects of the original oral contraceptives. During the period when Japan closed its doors to oral contraceptives, research and development in this field progressed remarkably in foreign countries. The hormone content was decreased to the minimally required level and was adjusted to a level comparable to the physiological cyclic pattern. With these approaches, an oral contraceptive that contains a low hormone dose causes less side effects, and presents nearly 100% efficacy is now available. We investigated the efficacy, cycle control, and incidence of side effects of a **triphasic** preparation (T) containing ethinylestradiol and **levonorgestrel** (SH B 264 AB), and a monophasic preparation (M) with the 30-.mu.g ethinylestradiol plus 150-.mu.g **levonorgestrel** fixed-dose regime in six institutes. The **triphasic** pill was given to 52 subjects (455 cycles) and monophasic pill given to 31 subjects (330 cycles). Pregnancy did not occur. In both groups, the duration of withdrawal bleeding was shortened by more than one day. Breakthrough bleeding and spotting were observed in 1.1% and 1.3%, respectively, in the T group, and in 2.1% and 1.2%, respectively, in the M group. The T group was superior to the M group in respect to the incidence of irregular bleeding, although hormone content was lower. This difference was observed in the first few cycles. Concerning side effects, a very small number of women complained

of such subjective symptoms as nausea, malaise, and hot sensation. In the T group, contrary to our expectations, body weight increased by more than 4 kg in three subjects (6.8%) and by more than 2 kg in eight subjects (18.2%), but in the M group, body weight hardly increased. There was no increase in blood pressure nor any change in blood variables in general hemorrhage, coagulation, prothrombin time, liver function, urea nitrogen, electrolytes, blood sugar. Total cholesterol significantly increased from 170 mg/dl in a pretreatment cycle to 181 mg/dl during the fifth to eighth cycle of the T group, although this change was within the normal range. It is concluded that a **triphasic** preparation containing ethinylestradiol and **levonorgestrel** is a promising oral contraceptive pill and is easy to use. Because it has a reliable contraceptive effect, its cycle control is equal or superior to the conventional oral contraceptives and the incidence of side effects is low.

TI Results of a clinical study with **low-dose oral contraceptives**. Investigation with **triphasic** and monophasic preparations containing **levonorgestrel** and ethinylestradiol.

AB . . . presents nearly 100% efficacy is now available. We investigated the efficacy, cycle control, and incidence of side effects of a **triphasic** preparation (T) containing ethinylestradiol and **levonorgestrel** (SH B 264 AB), and a monophasic preparation (M) with the 30-.mu.g ethinylestradiol plus 150-.mu.g **levonorgestrel** fixed-dose regime in six institutes. The **triphasic** pill was given to 52 subjects (455 cycles) and monophasic pill given to 31 subjects (330 cycles). Pregnancy did not. . . to eighth cycle of the T group, although this change was within the normal range. It is concluded that a **triphasic** preparation containing ethinylestradiol and **levonorgestrel** is a promising oral contraceptive pill and is easy to use. Because it has a reliable contraceptive effect, its cycle. . .

CT Medical Descriptors:
*oral . . . sensation
japan
malaise: SI, side effect
nausea: SI, side effect
priority journal
human
major clinical study
female
oral drug administration
side effect
*ethinylestradiol: AE, adverse drug reaction
*ethinylestradiol: CB, drug combination
***levonorgestrel: AE, adverse drug reaction**
***levonorgestrel: CB, drug combination**
shb 264 ab
unclassified drug

RN (ethinylestradiol) 57-63-6; (**levonorgestrel**) **797-63-7**

L36 ANSWER 46 OF 66 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 92272768 EMBASE
DOCUMENT NUMBER: 1992272768
TITLE: A comparison study of lipid and androgen metabolism with **triphasic** oral contraceptive formulations containing **norgestimate** or **levonorgestrel**
.
AUTHOR: Janaud A.; Rouffy J.; Upmalis D.; Dain M.-P.
CORPORATE SOURCE: Hopital Saint-Louis,Paris, France

SOURCE: Acta Obstetricia et Gynecologica Scandinavica, Supplement, (1992) 71/156 (33-38).
ISSN: 0300-8835 CODEN: AGSSAI
COUNTRY: Denmark
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 010 Obstetrics and Gynecology
029 Clinical Biochemistry
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English
AB The effects of **norgestimate triphasic** (Ortho Tri-Cyclen.RTM., Tri-Cilest.RTM.) and **levonorgestrel triphasic** (**Triphasil**.RTM.) formulations on lipid and androgen metabolism were assessed in a study of 66 healthy women treated through six menstrual cycles. Levels of the following were measured: cholesterol and its subfractions, triglycerides, carrier lipoproteins, estradiol, testosterone, and sex hormone binding globulin (SHBG). Comparison of baseline values with values after 3 and 6 months of treatment indicated that both regimens influenced lipid and androgen metabolism. There was a statistically significant between regimen difference in levels of high-density lipoprotein, which were favorably increased with **norgestimate triphasic** but reduced with **levonorgestrel triphasic**. Related data on SHBG showed that plasma levels of this marker of estrogen/androgen balance were increased significantly more in the **norgestimate triphasic** group, providing additional evidence of low androgenicity. Both regimens inhibited follicular growth to the same extent, as evidenced by low mean levels of estradiol in all on-therapy cycles; and both decreased free testosterone. Side effects in both groups were minor and characteristic of those observed with **low-dose oral contraceptive** agents. The results of the study support the reported safety and positive effects of **norgestimate** on lipid and androgen metabolism, in comparison with a **levonorgestrel**-containing combined oral contraceptive.
TI A comparison study of lipid and androgen metabolism with **triphasic** oral contraceptive formulations containing **norgestimate** or **levonorgestrel**.
AB The effects of **norgestimate triphasic** (Ortho Tri-Cyclen.RTM., Tri-Cilest.RTM.) and **levonorgestrel triphasic** (**Triphasil**.RTM.) formulations on lipid and androgen metabolism were assessed in a study of 66 healthy women treated through six menstrual cycles.. . . androgen metabolism. There was a statistically significant between regimen difference in levels of high-density lipoprotein, which were favorably increased with **norgestimate triphasic** but reduced with **levonorgestrel triphasic**. Related data on SHBG showed that plasma levels of this marker of estrogen/androgen balance were increased significantly more in the **norgestimate triphasic** group, providing additional evidence of low androgenicity. Both regimens inhibited follicular growth to the same extent, as evidenced by low. . . on-therapy cycles; and both decreased free testosterone. Side effects in both groups were minor and characteristic of those observed with **low-dose oral contraceptive** agents. The results of the study support the reported safety and positive effects of **norgestimate** on lipid and androgen metabolism, in comparison with a **levonorgestrel**-containing combined oral contraceptive.

CT Medical Descriptors:
*androgen . . . blood level
major clinical study
mastalgia: SI, side effect
nausea: SI, side effect
normal human
oral drug administration
ovary follicle development
priority journal
testosterone blood level
triacylglycerol blood level
***levonorgestrel: CM, drug comparison**
***levonorgestrel: PD, pharmacology**
***levonorgestrel: AE, adverse drug reaction**
***norgestimate: AE, adverse drug reaction**
***norgestimate: CM, drug comparison**
***norgestimate: PD, pharmacology**
***triphasic contraceptive agent: PD, pharmacology**
***triphasic contraceptive agent: AE, adverse drug reaction**
androgen: EC, endogenous compound
cholesterol: EC, endogenous compound
estradiol: EC, endogenous compound
ethinylestradiol plus levonorgestrel: PD, pharmacology
ethinylestradiol plus levonorgestrel: CM, drug comparison
ethinylestradiol plus levonorgestrel: AE, adverse drug reaction
high density lipoprotein cholesterol: EC, endogenous compound
lipid: EC, endogenous compound
lipoprotein: EC, endogenous compound
ethinylestradiol plus norgestimate: CM, drug comparison
ethinylestradiol plus norgestimate: PD, pharmacology
sex hormone binding globulin: EC, endogenous compound
testosterone: EC, endogenous compound
tri cilest: PD, pharmacology
tri cilest: CM, drug comparison
triacylglycerol:. . .
RN (**levonorgestrel**) **797-63-7**; (**norgestimate**) **35189-28-7**; (cholesterol) 57-88-5; (estradiol) 50-28-2; (ethinylestradiol plus **levonorgestrel**) 39366-37-5; (lipid) 66455-18-3; (ethinylestradiol plus **norgestimate**) 79871-54-8; (testosterone) 58-22-0
CN **Triphasil**; Ortho tricyclen; Tri cilest

L36 ANSWER 47 OF 66 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 92272767 EMBASE
DOCUMENT NUMBER: 1992272767
TITLE: Clinical evaluation of a new **triphasic** oral contraceptive: **Norgestimate** and ethinyl estradiol.
AUTHOR: Gauthier A.; Upmalis D.; Dain M.-P.
CORPORATE SOURCE: Service de Gynecologie Sociale, Place Verdun,Lille 59000, France
SOURCE: Acta Obstetricia et Gynecologica Scandinavica, Supplement, (1992) 71/156 (27-32).
ISSN: 0300-8835 CODEN: AGSSAI
COUNTRY: Denmark
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 010 Obstetrics and Gynecology
037 Drug Literature Index

038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English
AB The safety and efficacy of the **triphasic** oral contraceptive agent containing **norgestimate** and ethinyl estradiol were evaluated in a 12-month study of 661 women. Excellent contraceptive efficacy was achieved, with two pregnancies ascribed to product failure in a total of 6,511 treatment cycles. The life-table predicted pregnancy rate was 0.57 per 100 woman-years of use. The overall and theoretical Pearl indexes were 0.55 and 0.37, respectively. Good cycle control was maintained in patterns similar to those noted in previous studies. The incidence of dysmenorrhea and premenstrual syndrome was sharply reduced. Side effects reported were typical of those associated with use of **low-dose oral contraceptive** agents.
Acceptability was high compared with agents used previously by the subjects. Total cholesterol did not change but high-density lipoprotein cholesterol was significantly elevated at 3 and 12 months. There were no clinically significant changes in the parameters of hematology or blood chemistry tested.
TI Clinical evaluation of a new **triphasic** oral contraceptive: **Norgestimate** and ethinyl estradiol.
AB The safety and efficacy of the **triphasic** oral contraceptive agent containing **norgestimate** and ethinyl estradiol were evaluated in a 12-month study of 661 women. Excellent contraceptive efficacy was achieved, with two pregnancies. . . incidence of dysmenorrhea and premenstrual syndrome was sharply reduced. Side effects reported were typical of those associated with use of **low-dose oral contraceptive** agents. Acceptability was high compared with agents used previously by the subjects. Total cholesterol did not change but high-density lipoprotein. . .
CT Medical Descriptors:
*drug . . . effect
menstrual cycle
nausea: SI, side effect
normal human
oral drug administration
pregnancy rate
premenstrual syndrome: EP, epidemiology
priority journal
*ethinylestradiol: AE, adverse drug reaction
*ethinylestradiol: CB, drug combination
***norgestimate: AE, adverse drug reaction**
***norgestimate: CB, drug combination**
***triphasic contraceptive agent: AE, adverse drug reaction**
cholesterol: EC, endogenous compound
high density lipoprotein cholesterol: EC, endogenous compound
RN (ethinylestradiol) 57-63-6; (**norgestimate**) **35189-28-7**; (cholesterol) 57-88-5

L36 ANSWER 27 OF 66 MEDLINE
ACCESSION NUMBER: 87210375 MEDLINE
DOCUMENT NUMBER: 87210375 PubMed ID: 3578401
TITLE: Effect of seven low-dose combined oral contraceptive preparations on carbohydrate metabolism.
AUTHOR: van der Vange N; Kloosterboer H J; Haspels A A
SOURCE: AMERICAN JOURNAL OF OBSTETRICS AND GYNECOLOGY, (1987 Apr) 156 (4) 918-22.
Journal code: 3NI; 0370476. ISSN: 0002-9378.

PUB. COUNTRY: United States
(CLINICAL TRIAL)
(CONTROLLED CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals
ENTRY MONTH: 198705
ENTRY DATE: Entered STN: 19900303
Last Updated on STN: 19970203
Entered Medline: 19870529

AB The effect of seven **low-dose oral contraceptive** preparations on carbohydrate metabolism was investigated in groups of 10 healthy volunteers. All preparations contained a similar amount of ethinyl estradiol but differed in the content and type of progestogen. The following progestogens were used: **levonorgestrel** (monophasic and **triphasic**), norethisterone (monophasic), cyproterone acetate (monophasic), desogestrel (monophasic and biphasic) and **gestodene** (**triphasic**). An oral glucose tolerance test was performed before and after 6 months of treatment; glucose disappearance and insulin response curve were determined. Long-term glucose homeostasis was assessed by the estimation of the extent of glycosylation of plasma proteins and hemoglobin A1. The area under the curve for insulin and glucose did not change during treatment with any of the preparations. In addition the representative variables for long-term glucose control did not increase for any of the preparations during treatment. We conclude from these results that the low-dose pills investigated in this study do not have any adverse effects on glucose metabolism after treatment for 6 months.

AB The effect of seven **low-dose oral contraceptive** preparations on carbohydrate metabolism was investigated in groups of 10 healthy volunteers. All preparations contained a similar amount of ethinyl estradiol but differed in the content and type of progestogen. The following progestogens were used: **levonorgestrel** (monophasic and **triphasic**), norethisterone (monophasic), cyproterone acetate (monophasic), desogestrel (monophasic and biphasic) and **gestodene** (**triphasic**). An oral glucose tolerance test was performed before and after 6 months of treatment; glucose disappearance and insulin response curve. . .

L36 ANSWER 4 OF 66 MEDLINE
ACCESSION NUMBER: 96203333 MEDLINE
DOCUMENT NUMBER: 96203333 PubMed ID: 8616979
TITLE: **Gestodene**-containing contraceptives.
AUTHOR: Kuhl H; Jung-Hoffmann C; Wiegratz I
CORPORATE SOURCE: Department of Obstetrics and Gynecology, J.W. Goethe University Frankfurt, Germany.
SOURCE: CLINICAL OBSTETRICS AND GYNECOLOGY, (1995 Dec) 38 (4) 829-40. Ref: 32
Journal code: DFL; 0070014. ISSN: 0009-9201.
PUB. COUNTRY: United States
Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199606
ENTRY DATE: Entered STN: 19960620
Last Updated on STN: 19960620

Entered Medline: 19960613

AB As GSD is the most potent progestogen used in oral contraceptives, the doses of GSD can be lower than those of other progestogen components. The monophasic (30 micrograms EE + 75 micrograms GSD) and the **triphasic** formulation (30 micrograms EE + 50 micrograms GSD/40 micrograms EE + 70 micrograms GSD/30 micrograms EE + 100 micrograms GSD) suppress gonadotropin release and ovarian function profoundly and inhibit ovulation reliably. The strong anti-estrogenic and progestogenic effectiveness of GSD is based on the high GSD serum concentrations achieved during daily intake. Because of the weak androgenic properties of GSD, both formulations can be characterized as estrogen-dominant with respect to their hepatic effects. Except for the first cycles, both formulations afford good cycle control, and the rate of side effects is similar to that with comparable **low-dose oral contraceptives**. The levels of total and free androgens and androgen precursors, as well as of peripheral androgen activity, are significantly reduced, resulting in a reduced incidence of acne. The concentrations of SHBG and other serum-binding globulins are elevated considerably, and thyroid function is almost unaffected. The estrogen-dominant effect on hepatic metabolism of both formulations also is reflected by a significant increase in the levels of triglycerides and VLDL, HDL, and some apolipoproteins, while LDL-CH and total CH remain unchanged. Similar to other **low-dose oral contraceptives**, the GSD-containing preparations cause a slight impairment of glucose tolerance that does not appear to be of clinical relevance. However, a significant increase exists in pro-coagulatory and fibrinolytic activity that leads to a considerable stimulation of fibrin turnover. In predisposed women, this may contribute to an elevated risk of venous and arterial thromboembolic diseases.

TI **Gestodene**-containing contraceptives.

AB . . . can be lower than those of other progestogen components. The monophasic (30 micrograms EE + 75 micrograms GSD) and the **triphasic** formulation (30 micrograms EE + 50 micrograms GSD/40 micrograms EE + 70 micrograms GSD/30 micrograms EE + 100 micrograms GSD). . . . first cycles, both formulations afford good cycle control, and the rate of side effects is similar to that with comparable **low-dose oral contraceptives**. The levels of total and free androgens and androgen precursors, as well as of peripheral androgen activity, are significantly reduced,. . . . the levels of triglycerides and VLDL, HDL, and some apolipoproteins, while LDL-CH and total CH remain unchanged. Similar to other **low-dose oral contraceptives**, the GSD-containing preparations cause a slight impairment of glucose tolerance that does not appear to be of clinical relevance.. However,. . .

RN **60282-87-3 (Gestodene)**

L36 ANSWER 10 OF 66 MEDLINE

ACCESSION NUMBER: 92377460 MEDLINE

DOCUMENT NUMBER: 92377460 PubMed ID: 1324554

TITLE: Clinical evaluation of a new **triphasic** oral contraceptive: **norgestimate** and ethinyl estradiol.

AUTHOR: Gauthier A; Upmalis D; Dain M P

CORPORATE SOURCE: Service de Gynecologie Sociale, Centre Hospitalier, Lille, France.

SOURCE: ACTA OBSTETRICIA ET GYNECOLOGICA SCANDINAVICA. SUPPLEMENT, (1992) 156 27-32.
Journal code: 1EC; 0337655. ISSN: 0300-8835.

PUB. COUNTRY: Denmark
(CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199209
ENTRY DATE: Entered STN: 19921009
Last Updated on STN: 19921009
Entered Medline: 19920924

AB The safety and efficacy of the **triphasic** oral contraceptive agent containing **norgestimate** and ethinyl estradiol were evaluated in a 12-month study of 661 women. Excellent contraceptive efficacy was achieved, with two pregnancies ascribed to product failure in a total of 6,511 treatment cycles. The life-table predicted pregnancy rate was 0.57 per 100 woman-years of use. The overall and theoretical Pearl indexes were 0.55 and 0.37, respectively. Good cycle control was maintained in patterns similar to those noted in previous studies. The incidence of dysmenorrhea and premenstrual syndrome was sharply reduced. Side effects reported were typical of those associated with use of **low-dose oral contraceptive** agents.
Acceptability was high compared with agents used previously by the subjects. Total cholesterol did not change but high-density lipoprotein cholesterol was significantly elevated at 3 and 12 months. There were no clinically significant changes in the parameters of hematology or blood chemistry tested.

TI Clinical evaluation of a new **triphasic** oral contraceptive: **norgestimate** and ethinyl estradiol.

AB The safety and efficacy of the **triphasic** oral contraceptive agent containing **norgestimate** and ethinyl estradiol were evaluated in a 12-month study of 661 women. Excellent contraceptive efficacy was achieved, with two pregnancies. . . incidence of dysmenorrhea and premenstrual syndrome was sharply reduced. Side effects reported were typical of those associated with use of **low-dose oral contraceptive** agents. Acceptability was high compared with agents used previously by the subjects. Total cholesterol did not change but high-density lipoprotein. . .

RN **35189-28-7 (norgestimate)**; 57-63-6 (Ethinyl Estradiol); 6533-00-2 (Norgestrel)

L36 ANSWER 17 OF 66 MEDLINE
ACCESSION NUMBER: 91146267 MEDLINE
DOCUMENT NUMBER: 91146267 PubMed ID: 2289388
TITLE: Cycle control on **low-dose oral contraceptives**: a comparative trial.
AUTHOR: Percival-Smith R K; Yuzpe A A; Desrosiers J A; Rioux J E; Guilbert E
CORPORATE SOURCE: Student Health Services, University of British Columbia, Vancouver.
SOURCE: CONTRACEPTION, (1990 Sep) 42 (3) 253-62.
Journal code: DQN; 0234361. ISSN: 0010-7824.
PUB. COUNTRY: United States
(CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199104
ENTRY DATE: Entered STN: 19910419

Last Updated on STN: 19970203
Entered Medline: 19910401

AB Cycle control was studied comparing the monophasic oral contraceptive Loestrin with three low-dose phasic preparations (**Triphasil**, Ortho 10/11 and Ortho 7/7/7) in 391 women of whom 300 completed 6 cycles. Loestrin subjects had a rate of occurrence (31% of cycles) for intermenstrual bleeding (IMB) comparable to the rates for subjects on the phasic preparations (36%, 37% and 37%, respectively). **Triphasil** subjects had lower rates than the Ortho 10/11 and Ortho 7/7/7 subjects (p less than 0.01) in cycle one when all subjects were analyzed and in pre-study users when continuing menstrual flow (CMF) episodes were not included as IMB. IMB was a cause for dropping out of the study in 7% of subjects who were evenly distributed between groups. There were no differences between groups for BTB when perceived by subjects as a side effect. Spotting was perceived as a side effect more often with Ortho 10/11 and Ortho 7/7/7 use than with **Triphasil** (p less than 0.01). Loestrin, Ortho 10/11 and Ortho 7/7/7 subjects were more likely to report amenorrhea (p less than 0.001) and less likely to report leg cramps (p less than 0.01) compared to those on **Triphasil**. **Triphasil** subjects were less likely to report acne than subjects on Ortho 7/7/7 (p less than 0.01).

TI Cycle control on **low-dose oral contraceptives**: a comparative trial.

AB Cycle control was studied comparing the monophasic oral contraceptive Loestrin with three low-dose phasic preparations (**Triphasil**, Ortho 10/11 and Ortho 7/7/7) in 391 women of whom 300 completed 6 cycles. Loestrin subjects had a rate of. . . cycles) for intermenstrual bleeding (IMB) comparable to the rates for subjects on the phasic preparations (36%, 37% and 37%, respectively). **Triphasil** subjects had lower rates than the Ortho 10/11 and Ortho 7/7/7 subjects (p less than 0.01) in cycle one when. . . side effect. Spotting was perceived as a side effect more often with Ortho 10/11 and Ortho 7/7/7 use than with **Triphasil** (p less than 0.01). Loestrin, Ortho 10/11 and Ortho 7/7/7 subjects were more likely to report amenorrhea (p less than 0.001) and less likely to report leg cramps (p less than 0.01) compared to those on **Triphasil**. **Triphasil** subjects were less likely to report acne than subjects on Ortho 7/7/7 (p less than 0.01).

CT . . .

TU, therapeutic use
Ethinyl Estradiol-Norgestrel Combination
Headache: CI, chemically induced
*Menstrual Cycle: DE, drug effects
Muscle Cramp: CI, chemically induced
Norethindrone: AE, adverse effects
Norethindrone: PD, pharmacology
Norethindrone: TU, therapeutic use
Norgestrel: PD, pharmacology
Norgestrel: TU, therapeutic use

RN 37270-71-6 (Modicon); 57-63-6 (Ethinyl Estradiol); 6533-00-2 (Norgestrel); **68-22-4 (Norethindrone)**; 8056-51-7 (Ethinyl Estradiol-Norgestrel Combination)

L36 ANSWER 9 OF 66 MEDLINE
ACCESSION NUMBER: 92377461 MEDLINE
DOCUMENT NUMBER: 92377461 PubMed ID: 1324555
TITLE: A comparison study of lipid and androgen metabolism with **triphasic** oral contraceptive formulations

containing **norgestimate** or **levonorgestrel**
.

AUTHOR: Janaud A; Rouffy J; Upmalis D; Dain M P
CORPORATE SOURCE: Hopital Saint-Louis, Paris, France.
SOURCE: ACTA OBSTETRICIA ET GYNECOLOGICA SCANDINAVICA. SUPPLEMENT, (1992) 156 33-8.
Journal code: 1EC; 0337655. ISSN: 0300-8835.
PUB. COUNTRY: Denmark
(CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199209
ENTRY DATE: Entered STN: 19921009
Last Updated on STN: 19921009
Entered Medline: 19920924

AB The effects of **norgestimate triphasic** (Ortho Tri-Cyclen, Tri-Ciles) and **levonorgestrel triphasic** (**Triphasi**) formulations on lipid and androgen metabolism were assessed in a study of 66 healthy women treated through six menstrual cycles. Levels of the following were measured: cholesterol and its subfractions, triglycerides, carrier lipoproteins, estradiol, testosterone, and sex hormone binding globulin (SHBG). Comparison of baseline values with values after 3 and 6 months of treatment indicated that both regimens influenced lipid and androgen metabolism. There was a statistically significant between-regimen difference in levels of high-density lipoprotein, which were favorably increased with **norgestimate triphasic** but reduced with **levonorgestrel triphasic**. Related data on SHBG showed that plasma levels of this marker of estrogen/androgen balance were increased significantly more in the **norgestimate triphasic** group, providing additional evidence of low androgenicity. Both regimens inhibited follicular growth to the same extent, as evidenced by low mean levels of estradiol in all on-therapy cycles; and both decreased free testosterone. Side effects in both groups were minor and characteristic of those observed with **low-dose oral contraceptive** agents. The results of the study support the reported safety and positive effects of **norgestimate** on lipid and androgen metabolism, in comparison with a **levonorgestrel**-containing combined oral contraceptive.

TI A comparison study of lipid and androgen metabolism with **triphasic** oral contraceptive formulations containing **norgestimate** or **levonorgestrel**.

AB The effects of **norgestimate triphasic** (Ortho Tri-Cyclen, Tri-Ciles) and **levonorgestrel triphasic** (**Triphasi**) formulations on lipid and androgen metabolism were assessed in a study of 66 healthy women treated through six menstrual cycles.. . . and androgen metabolism. There was a statistically significant between-regimen difference in levels of high-density lipoprotein, which were favorably increased with **norgestimate triphasic** but reduced with **levonorgestrel triphasic**. Related data on SHBG showed that plasma levels of this marker of estrogen/androgen balance were increased significantly more in the **norgestimate triphasic** group, providing additional evidence of low androgenicity. Both regimens inhibited follicular growth to the same extent, as evidenced by low. . . on-therapy cycles; and both decreased free testosterone. Side effects in both groups were minor

and characteristic of those observed with **low-dose oral contraceptive** agents. The results of the study support the reported safety and positive effects of **norgestimate** on lipid and androgen metabolism, in comparison with a **levonorgestrel**-containing combined oral contraceptive.

CT . . .

Pressure: DE, drug effects
Body Weight: DE, drug effects
Contraceptives, Oral, Combined: AE, adverse effects
*Contraceptives, Oral, Combined: PD, pharmacology
Levonorgestrel: AE, adverse effects
***Levonorgestrel: PD, pharmacology**
*Lipids: BL, blood
Norgestrel: AE, adverse effects
*Norgestrel: AA, analogs & derivatives
Norgestrel: PD, pharmacology

RN **35189-28-7 (norgestimate)**; 6533-00-2 (Norgestrel); **797-63-7 (Levonorgestrel)**

L36 ANSWER 1 OF 66 MEDLINE
ACCESSION NUMBER: 1998446439 MEDLINE
DOCUMENT NUMBER: 98446439 PubMed ID: 9773262
TITLE: Effect of two oral contraceptives containing ethinyl estradiol and **gestodene** or **norgestimate** on different lipid and lipoprotein parameters.
AUTHOR: Wiegratz I; Jung-Hoffmann C; Gross W; Kuhl H
CORPORATE SOURCE: Department of Obstetrics and Gynecology, J.W. Goethe-University, Frankfurt, Germany.
SOURCE: CONTRACEPTION, (1998 Aug) 58 (2) 83-91.
Journal code: DQN; 0234361. ISSN: 0010-7824.
PUB. COUNTRY: United States
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199812
ENTRY DATE: Entered STN: 19990115
Last Updated on STN: 19990115
Entered Medline: 19981210

AB The effect of a **triphasic** oral contraceptive containing ethinyl estradiol and **gestodene** (EE/GSD) on various lipid and lipoprotein parameters was compared with that of a monophasic formulation containing 35 micrograms ethinyl estradiol and 250 micrograms **norgestimate** (EE/NGM). Blood samples were collected from 46 women on days 2, 11, and 21 of the preceding control cycle and of the third, sixth, and twelfth treatment cycles. There was no significant difference between formulations with regard to the influence on any measured parameter. As compared with controls, a significant increase was observed in the plasma levels of total triglycerides (24-78%), total phospholipids (7-20%), very low density lipoprotein (VLDL) triglycerides (61-76%), VLDL-phospholipids (14-60%), low density lipoprotein (LDL) triglycerides (8-35%), LDL-phospholipids (28-30%), high density lipoprotein (HDL) cholesterol (8-16%), HDL 3-cholesterol (11-20%), HDL-triglycerides (17-66%), HDL-phospholipids, HDL 3-phospholipids (7-11%), apolipoprotein (apo) A-I (5-20%) and apo A-II (10-40%) during treatment with both formulations. In contrast, the LDL-cholesterol levels were significantly decreased. These changes in lipid metabolism appear to reflect a predominance of the effect of the estrogen component. The results indicate that both **low dose oral**

contraceptives containing different progestins and different amounts of EE do not exert a deleterious effect on lipoprotein metabolism, as high HDL-cholesterol and low LDL-cholesterol levels are known as low risk factors of cardiovascular disease. In contrast to endogenous hypertriglyceridemia, an EE-induced rise in triglyceride levels does not appear to increase cardiovascular risk if LDL is not increased.

TI Effect of two oral contraceptives containing ethinyl estradiol and **gestodene** or **norgestimate** on different lipid and lipoprotein parameters.

AB The effect of a **triphasic** oral contraceptive containing ethinyl estradiol and **gestodene** (EE/GSD) on various lipid and lipoprotein parameters was compared with that of a monophasic formulation containing 35 micrograms ethinyl estradiol and 250 micrograms **norgestimate** (EE/NGM). Blood samples were collected from 46 women on days 2, 11, and 21 of the preceding control cycle and. . . in lipid metabolism appear to reflect a predominance of the effect of the estrogen component. The results indicate that both **low dose oral contraceptives** containing different progestins and different amounts of EE do not exert a deleterious effect on lipoprotein metabolism, as high HDL-cholesterol. . .

RN **35189-28-7 (norgestimate)**; 57-63-6 (Ethinyl Estradiol); 57-88-5 (Cholesterol); **60282-87-3 (Gestodene)**; 6533-00-2 (Norgestrel)

L36 ANSWER 2 OF 66 MEDLINE

ACCESSION NUMBER: 1998343079 MEDLINE
DOCUMENT NUMBER: 98343079 PubMed ID: 9678108
TITLE: The effects of monophasic and **triphasic** oral contraceptives on ovarian function and endometrial thickness.
AUTHOR: Rabe T; Nitsche D C; Runnebaum B
CORPORATE SOURCE: Department of Obstetrics and Gynecology, University Women's Hospital, Heidelberg, Germany.
SOURCE: EUROPEAN JOURNAL OF CONTRACEPTION AND REPRODUCTIVE HEALTH CARE, (1997 Mar) 2 (1) 39-51.
Journal code: C4X; 9712127. ISSN: 1362-5187.
PUB. COUNTRY: ENGLAND: United Kingdom
(CLINICAL TRIAL)
(CONTROLLED CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199808
ENTRY DATE: Entered STN: 19980820
Last Updated on STN: 19980820
Entered Medline: 19980811

AB OBJECTIVE: To analyze and compare the effects of seven **low-dose oral contraceptives** (OCs) on ovarian function and endometrial thickness. METHODS: Cross-sectional study of users of one of five monophasic OCs, one of two **triphasic** OCs and a control group of non-users. Ovarian function, endometrial thickness and serum hormone levels were monitored during days 10-12 and 16-18 of the cycle. RESULTS: Serum estradiol was suppressed in OC users to a greater degree during days 16-18 than during days 10-12, whereas serum progesterone during 16-18 was in the anovulatory range with each preparation. Ovarian activity as measured by follicular size was lowest with desogestrel-containing OCs, whereas greater activity was seen with **triphasic levonorgestrel**/ethinylestradiol and **triphasic norgestimate**/ethinylestradiol. Endometrial

thickness in OC users was significantly smaller than in controls. CONCLUSIONS: All preparations demonstrated profound suppression of ovarian activity and effectively prevented ovulation. Ovarian suppression with desogestrel/ethinylestradiol 150/20 did not differ from that of other OCs despite its lower ethinylestradiol content. The use of both **triphasic** OCs, having a relatively low progestogenic activity, was associated with a higher ovarian activity than that of the monophasic OCs.

TI The effects of monophasic and **triphasic** oral contraceptives on ovarian function and endometrial thickness.

AB OBJECTIVE: To analyze and compare the effects of seven **low-dose oral contraceptives** (OCs) on ovarian function and endometrial thickness. METHODS: Cross-sectional study of users of one of five monophasic OCs, one of two **triphasic** OCs and a control group of non-users. Ovarian function, endometrial thickness and serum hormone levels were monitored during days 10-12. . . each preparation. Ovarian activity as measured by follicular size was lowest with desogestrel-containing OCs, whereas greater activity was seen with **triphasic levonorgestrel**/ethinylestradiol and **triphasic norgestimate**/ethinylestradiol. Endometrial thickness in OC users was significantly smaller than in controls. CONCLUSIONS: All preparations demonstrated profound suppression of ovarian activity. . . with desogestrel/ethinylestradiol 150/20 did not differ from that of other OCs despite its lower ethinylestradiol content. The use of both **triphasic** OCs, having a relatively low progestogenic activity, was associated with a higher ovarian activity than that of the monophasic OCs.

=>
Connection closed by remote host

ACCESSION NUMBER: 1999209840 EMBASE
TITLE: Clinical comparison of triphasic norgestimate/35 .mu.g ethinyl estradiol and monophasic norethindrone acetate/20 .mu.g ethinyl estradiol: Cycle control, lipid effects, and user satisfaction.
AUTHOR: Sulak P.; Lippman J.; Siu C.; Massaro J.; Godwin A.
CORPORATE SOURCE: Dr. P. Sulak, Scott and White Memorial Hospital, Dept. of Obstetrics and Gynecology, 2401 S. 31st St., Temple, TX 76508, United States
SOURCE: Contraception, (1999) 59/3 (161-166).
Refs: 12
ISSN: 0010-7824 CODEN: CCPTAY
PUBLISHER IDENT.: S 0010-7824(99)00026-8
COUNTRY: United States
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 010 Obstetrics and Gynecology
037 Drug Literature Index
LANGUAGE: English
SUMMARY LANGUAGE: English
AB This six-cycle, multicenter, open-label, randomized study compared the clinical experience of two **low-dose oral contraceptives** (OC): a triphasic OC containing norgestimate (NGM) and 35 .mu.g ethinyl estradiol (EE) (Ortho Tri- Cyclen.RTM.) and a monophasic OC containing norethindrone acetate (NETA) and 20 .mu.g EE (Loestrin.RTM. Fe 1/20). Cycle control, lipid and androgen profiles, and user satisfaction were studied in new-start OC users (ie, no prior use within 60 days). Breakthrough bleeding or breakthrough spotting (BTB/BTS) occurred in a significantly smaller percentage of NGM/EE users than NETA/EE users during each of six cycles (p .ltoreq.0.002). The incidence of BTB/BTS ranged from 3.7% to 13.5% for NGM/EE users and from 23.5% to 49.7% for NETA/EE users. Significantly fewer NGM/EE users than NETA/EE users experienced absence of menses at cycles 2 through 6 (p .ltoreq. 0.003). The percentages of women having no menses at each cycle ranged from 0.9% to 4.7% for NGM/EE users and from 10.3% to 21.3% for NETA/EE users. NGM/EE users reported a significantly (p <0.001) higher level of satisfaction with their OC at the end of six cycles than did NETA/EE users, but there was no significant difference in compliance, discontinuation rates, or adverse events between the two groups. NGM/EE produced a significantly (p .ltoreq.0.001) greater beneficial effect on HDL-C, HDL2, and apo A-I than did NETA/EE. No statistically significant treatment differences were found for total cholesterol, LDL-C, triglycerides, or apo- B. Both OC increased sex hormone binding globulin and decreased free testosterone, but NGM/EE had a significantly greater effect (p <0.009).

L25 ANSWER 3 OF 3 EMBASE
ACCESSION NUMBER: 92272768 EMBASE
DOCUMENT NUMBER: 1992272768
TITLE: A comparison study of lipid and androgen metabolism with triphasic oral contraceptive formulations containing norgestimate or levonorgestrel.
AUTHOR: Janaud A.; Rouffy J.; Upmalis D.; Dain M.-P.
CORPORATE SOURCE: Hopital Saint-Louis,Paris, France
SOURCE: Acta Obstetricia et Gynecologica Scandinavica, Supplement, (1992) 71/156 (33-38).
ISSN: 0300-8835 CODEN: AGSSAI
COUNTRY: Denmark
DOCUMENT TYPE: Journal; Article

FILE SEGMENT: 010 Obstetrics and Gynecology
029 Clinical Biochemistry
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English

AB The effects of norgestimate triphasic (Ortho Tri-Cyclen.RTM., Tri-Cilest.RTM.) and levonorgestrel triphasic (Triphasil.RTM.) formulations on lipid and androgen metabolism were assessed in a study of 66 healthy women treated through six menstrual cycles. Levels of the following were measured: cholesterol and its subfractions, triglycerides, carrier lipoproteins, estradiol, testosterone, and sex hormone binding globulin (SHBG). Comparison of baseline values with values after 3 and 6 months of treatment indicated that both regimens influenced lipid and androgen metabolism. There was a statistically significant between regimen difference in levels of high-density lipoprotein, which were favorably increased with norgestimate triphasic but reduced with levonorgestrel triphasic. Related data on SHBG showed that plasma levels of this marker of estrogen/androgen balance were increased significantly more in the norgestimate triphasic group, providing additional evidence of low androgenicity. Both regimens inhibited follicular growth to the same extent, as evidenced by low mean levels of estradiol in all on-therapy cycles; and both decreased free testosterone. Side effects in both groups were minor and characteristic of those observed with **low-dose oral contraceptive** agents. The results of the study support the reported safety and positive effects of norgestimate on lipid and androgen metabolism, in comparison with a levonorgestrel-containing combined oral contraceptive.